sents are characteristic, and the histological features are uniform and peculiar. As to the therapy of the malady, only two remedies are to be seriously considered—arsenic and the *x*-rays. The author regards the latter as a very valuable form of treatment, which, although it cannot prevent death taking place eventually, is able to bring about a decided temporary improvement.

Necrotic Polymorphous Erythema in Acute Nephritis.—POLLAND (*Archiv. f. Dermatologie und Syphilis*, Band lxxviii, Hefte 2 und 3) reports the case of a man aged sixty years, with chronic leg ulcers, who, during an attack of acute nephritis, suffered from a polymorphous erythema, accompanied by hemorrhages and hemorrhagic blebs. In some of the blebs necrosis of their bases occurred without injury of their covering and without bacterial infection. At the same time, infection of the leg ulcers with bacilli of gangrene took place, and from these a number of opened blebs became infected and were transformed into large ulcers. Unopened blebs, which had escaped infection, healed without any great loss of substance.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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Rupture of the Choroid.—KRÖNER (*Archiv. f. Augenheilk.*, August, 1906) calls attention to the rarity of this accident. Large statistics show that it occurs about once in a thousand patients with ocular complaints. The rupture is usually produced by some blunt force acting directly upon the eyeball itself or the neighborhood thereof, or perhaps even through a concussion of the whole body. The most usual form is that in which the rupture, in the shape of a white line or band, nearly parallels the circumference of the papillæ on its temporal side. Double concentric ruptures are much rarer; still more rarely does the choroid tear in a direction radial to the papilla. Of 289 cases collated by Pohlenz and Ohm the rupture was single in about 70 per cent., double in about 16 per cent., radial in about 10 per cent., and in only 7 per cent. was the latter combined with a concentric tear. equal to a single instance in 15,000 patients. Much more rare than the linear are surface ruptures. Outside of the thirteen such cases collected by Pohlenz out of forty-six instances of choroidal rupture (undoubtedly an accidental excess) and of which six were combined with a circular tear, only a few are to be found in literature. The reporter records one such involving both choroid and retina and best described by the term "coloboma-like" rupture. He also reports a case of double circular combined with radial rupture.

Artificial (Suction) Hyperemia in Ocular Therapeutics.—HESSE (*Centralb. f. prak. Augenh.*, June, 1906), referring to Bier's method of artificial hyperemia as a therapeutic agent and its rapid adoption in every department of practical medicine, calls attention to the fact that ocular therapeutics forms an exception; not that attempts have not been made to render artificial hyperemia serviceable in the treatment of diseases of the eye, for RENNER (*Münch. med. Woch.*, 1906, No. 11) has attempted to produce hyperemia of the eye and its adnexæ by means of a rubber band around the neck and has observed what influence such "congestion" may exert upon various diseases of the eye. According to his observations this method of treatment exercises a favorable influence upon interstitial keratitis, to the extent that the cornea seemed to clear up more rapidly; in ulcus serpens, also, a favorable influence seems to be exerted, while eczematous and catarrhal ulcers and inveterate, corneal opacities appear to be uninfluenced. Renner's method, however, is not a satisfactory one in that it cannot be localized to the desired region nor accurately dosed. Its application may be, and has been, accompanied by certain undesirable consequences. For localization and dosing, Hesse has devised a special instrument consisting of a sort of dry cup made of glass, about 30 cm. in circumference; the free border is constructed to correspond to the margin of the orbit; a stout india-rubber tube is adjusted to the other extremity of the cup; the tube terminates in an india-rubber bulb, compression of which produces a partial vacuum. The bulb may be replaced by a suction pump. To cause the desired effect a pressure difference of 20 to 50 mm. Hg. is necessary. This can be readily attained by the apparatus. With 100 mm. Hg. conjunctival hemorrhage occurred in the writer's own eyes. For accurate measurement a T-tube manometer may be employed.

Applied to the closed lids, at the expiration of five minutes, the skin was strongly reddened and somewhat œdematous; after half an hour there was a bluish discoloration with increased œdema. The margins of the lid became slightly everted, swollen, and reddened. The effect upon the deeper parts was very slight. When the cup is applied to the open lids the effect is different. The lids present the same changes as before, but the deeper parts are also affected. The palpebral conjunctiva becomes strongly hyperemic and swollen. The bulbar conjunctiva shows at first vascular dilatation followed by a serous accumulation beneath the conjunctiva beginning at the fornix; in one-half hour the fluid has advanced to the margin of the cornea and presents the picture of an intense chemosis. The cornea becomes involved also; it appears œdematous and its surface is slightly dulled. The iris showed no visible changes in man; in the rabbit the pupil became decidedly smaller and the structure of the iris slightly obliterated, no doubt due to increase in volume from an excess of fluid. Involvement of the deeper vascular system was shown by the marked ciliary injection. No changes could be observed in the lens, vitreous, or retina. The tension was unaffected.